



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
DHSS Breath Alcohol Program
By Carol Day at 12:22 pm, Mar 09, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66004998

DATE OF INSPECTION

03/05/10

LOCATION OF INSTRUMENT (STREET AND CITY)

6801 NE Pleasant Valley Rd., Kansas City MO

TIME OF INSPECTION

1550

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .323 Passed

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Passed

☒ CHARACTER DISPLAY TEST Passed

☒ PRINT TEST (PRINTOUT ATTACHED) Passed

☒ TIME AND DATE Passed

☐ CALIBRATION CHECK-

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1

.099

TEST 2

.098

TEST 3

.100

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0 Degrees Celsius Passed

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) Passed

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 12

0-.04 1

.05-.09 2

.10-.14 4

.15-.19 5

Over .19 5

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Breath instrument tested and certified within Missouri Department of Health guidelines.

Guth Laboratories Inc., Lot #9270, Expires 09/23/10, .10 Solution

INSPECTING OFFICER

SIGNATURE

P.O. Dawn Minor, 4898

PRINT NAME

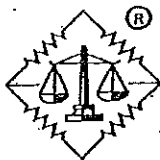
Dawn Minor

TYPE II PERMIT NUMBER/EXPIRATION DATE

920030 02/18/11

TELEPHONE NUMBER

816-482-8142



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1207 percent (w/vol) ethyl alcohol. The expiration date for this lot number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-004998
E735.23
INVALID TEST
(INHIBITED - RFI)

03/05/2010

6801 NE PLEASANT VALLEY RD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004998
03/05/2010

TEST	%BAC	TIME
AIR BLANK	.000	16:48
CAL. CHECK	.099	16:48
AIR BLANK	.000	16:48
CAL. CHECK	.098	16:49
AIR BLANK	.000	16:49
CAL. CHECK	.100	16:50
AIR BLANK	.000	16:50

NO RFI PRESENT

6801 NE PLEASANT VALLEY RD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004998
03/05/2010

DIAGNOSTIC TEST

15

PRON CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

SN 66-004998
E735.23
03/05/2010
15:50

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNPOQR
ABCDEFGHIJKLMNPOQRSTU
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#abcde

SUBJECT NAME _____

LOCATION OF TEST _____

OFFICER'S SIGNATURE & SERIAL NO.
Form 123 P.D. (8-91)

SUBJECT NAME _____

LOCATION OF TEST _____

OFFICER'S SIGNATURE & SERIAL NO.
Form 123 P.D. (8-91)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



DAWN MINOR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 02/18/09
Number 920030
Expires 02/18/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)